

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

## ACCIDENT STATEMENT

Date of First Submission .....	18/11/2024 11:39 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	16/11/2024 20:10 (SGT)
Exact Location of Accident .....	Orchard Rd, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMF9358Z
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	YU HONGHAI
NRIC No .....	SXXXX336E
Email Address .....	Honghai.yu1029@gmail.com
Mobile Phone No .....	(Phone) +65-92368330
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Camry
Variant .....	2.0 AUTO
Exact purpose for which vehicle was being used at time of accident .....	Private use
Are you claiming under your own insurance policy for repair to your vehicle? .....	Yes
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1998
Vehicle Fuel .....	Petrol
First Registration Date .....	-
Chassis no .....	MR053DK5100113606
Effective Date/Time of Ownership .....	-

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMPCSNA00161912301

### DRIVER

Name of Driver .....	HUANG WEN
NRIC No .....	SXXXX539C
Date Of Birth .....	28/11/1985
Occupation .....	Indoor
Driving Pass Date .....	09/11/2018
Driving License Pass Class .....	3A
Driving License Validity .....	Valid
Driving experience .....	6 YEARS
Gender .....	Female
Mobile Number .....	(Phone) +65-92368330
Alt. Phone Number .....	-
Email Address .....	Honghai.yu1029@gmail.com
Address .....	21 SIN MING WALK #10-11
Address complement .....	-
Postcode .....	583915
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Collision - Change/cross lane
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

ON THE 16/11/2024 AT ABOUT 20:10HRS I WAS DRIVING VEHICLE A BEARING REGISTRATION NUMBER ( SMF9358Z) ALONG ORHARD BLVD EN-ROUTE FROM ION ORCHARD TO COMMONWEALTH TO PASSENGER HOME PERSONAL PURPOSE, WHILE I WAS MADE A LANE CHANGE FROM LANE 2 TO LANE 3 AFTER ENTERING LANE 3 HALFWAY SHORTLY AFTER, I FELT AN IMPACT ON MY LEFT SIDE PORTION OF VEHICLE A AND REALISED VEHICLE B BEARING REGISTRATION NUMBER( FBT807K) FAILED TO STOP ON TIME AND COLLIDED ONTO VEHICLE A FRONT LEFT SIDE MIRROR. VEHICLE B RIDER FALL DOWN SLIGHTLY INJURIES

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	FBT807K
Vehicle Manufacturer .....	Yamaha
Vehicle Model .....	NMAX 155 ABS CVT
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	RIDER
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	FBT807K
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN****IMPORTANT NOTICE**

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5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims.
  - (ii) investigating the accident and/or my claims.
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me.
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (Collectively the "Purposes")

- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Sketch Plan

Driver's Signature (If driver is not the Policyholder) / Date & Time

16/11/2024 - 23:30HRS

Witnessed by Reporting Centre Personnel



## Describe Circumstances of the Accident

ON THE 16/11/2024 AT ABOUT 20:10HRS I WAS DRIVING VEHICLE A BEARING REGISTRATION NUMBER ( SMF9358Z) ALONG ORHARD BLVD EN-ROUTE FROM ION ORCHARD TO COMMONWEALTH TO PASSENGER HOME PERSONAL PURPOSE, WHILE I WAS MADE A LANE CHANGE FROM LANE 2 TO LANE 3 AFTER ENTERING LANE 3 HALFWAY SHORTLY AFTER, I FELT AN IMPACT ON MY LEFT SIDE PORTION OF VEHICLE A AND REALISED VEHICLE B BEARING REGISTRATION NUMBER( FBT807K) FAILED TO STOP ON TIME AND COLLIDED ONTO VEHICLE A FRONT LEFT SIDE MIRROR. VEHICLE B RIDER FALL DOWN SLIGHTLY INJURIES

## Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

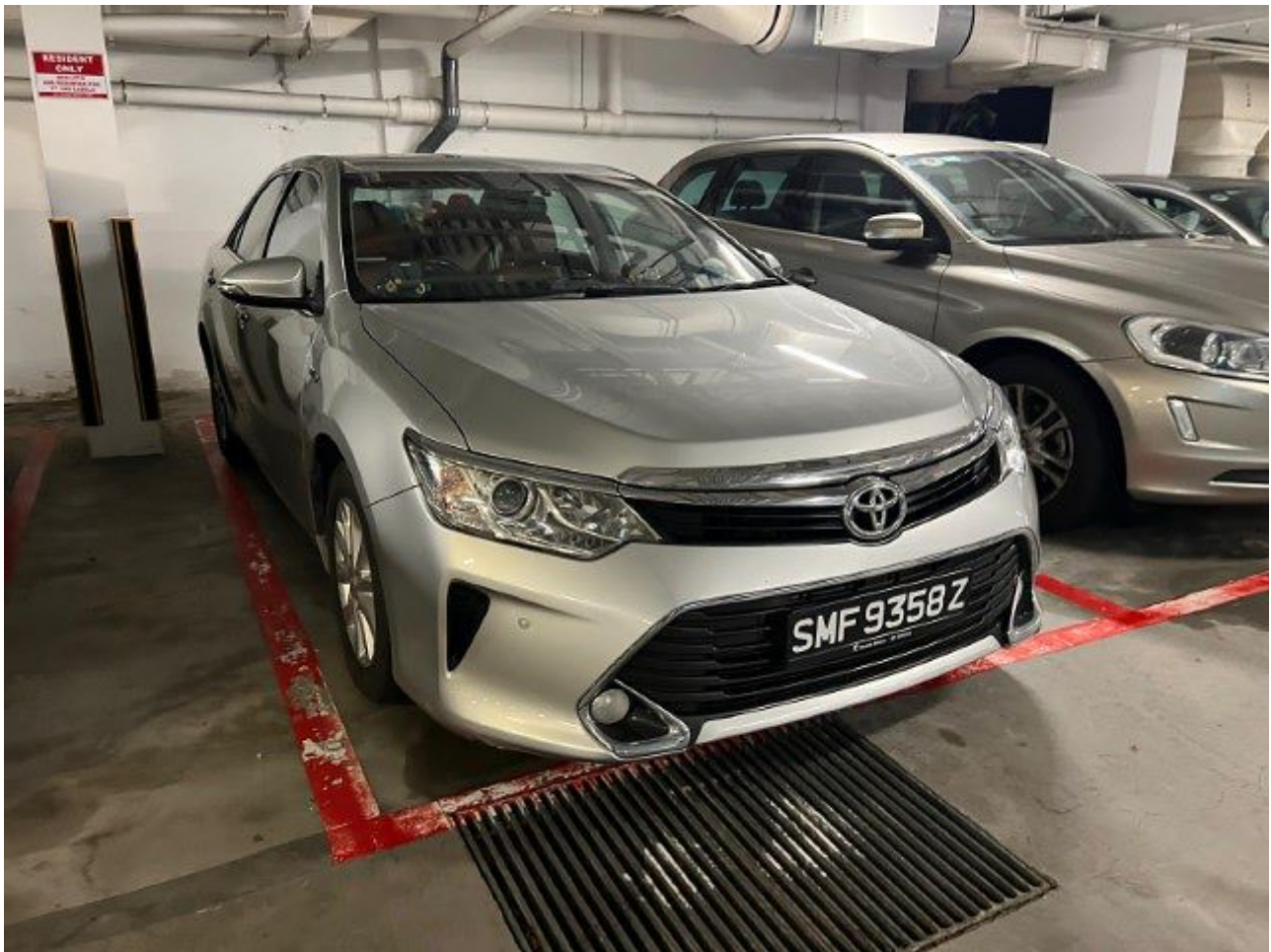
Driver's Signature (If driver is not the policy holder) / Date & Time

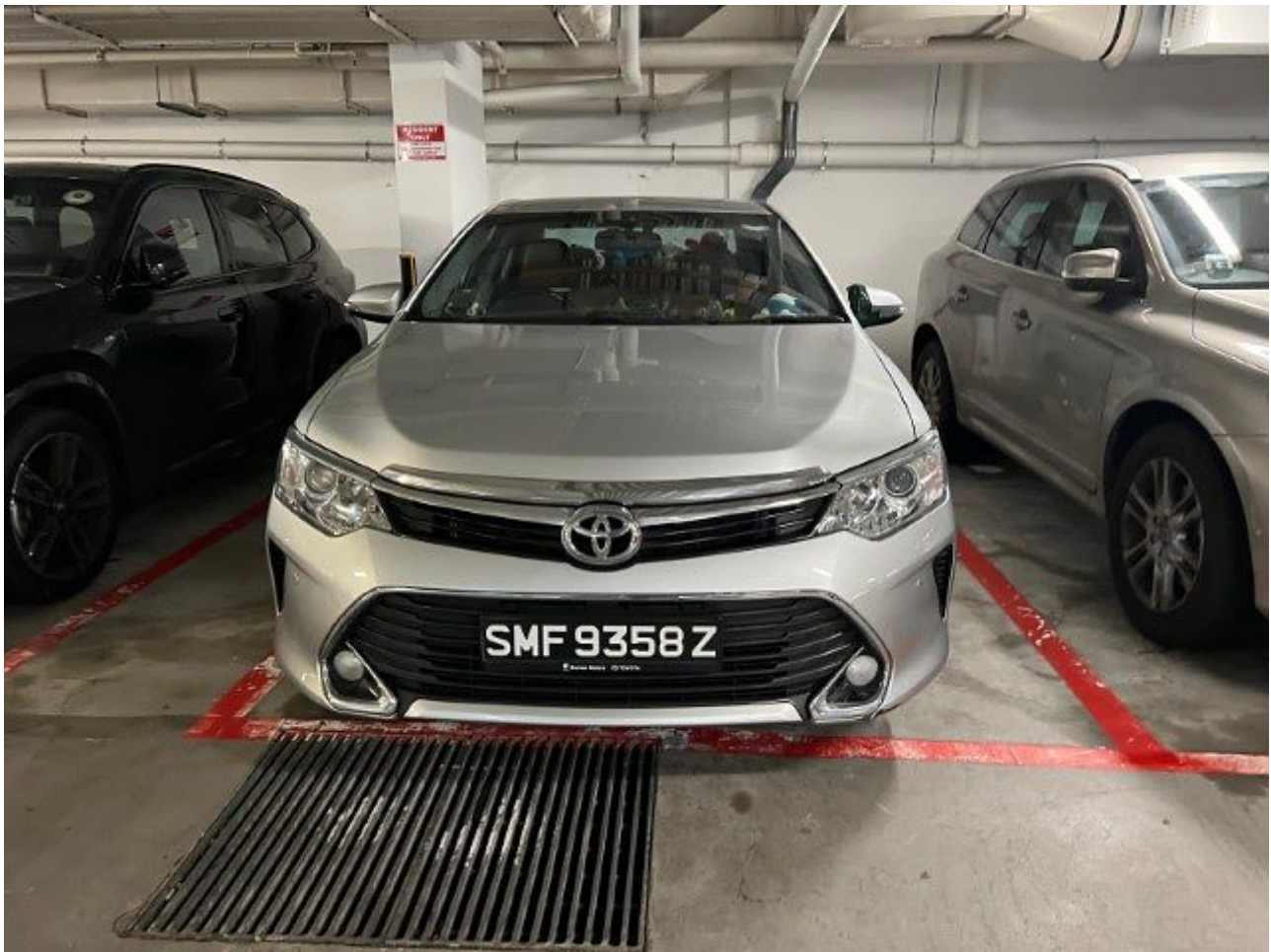
16/11/2024 -- 23:30HRS

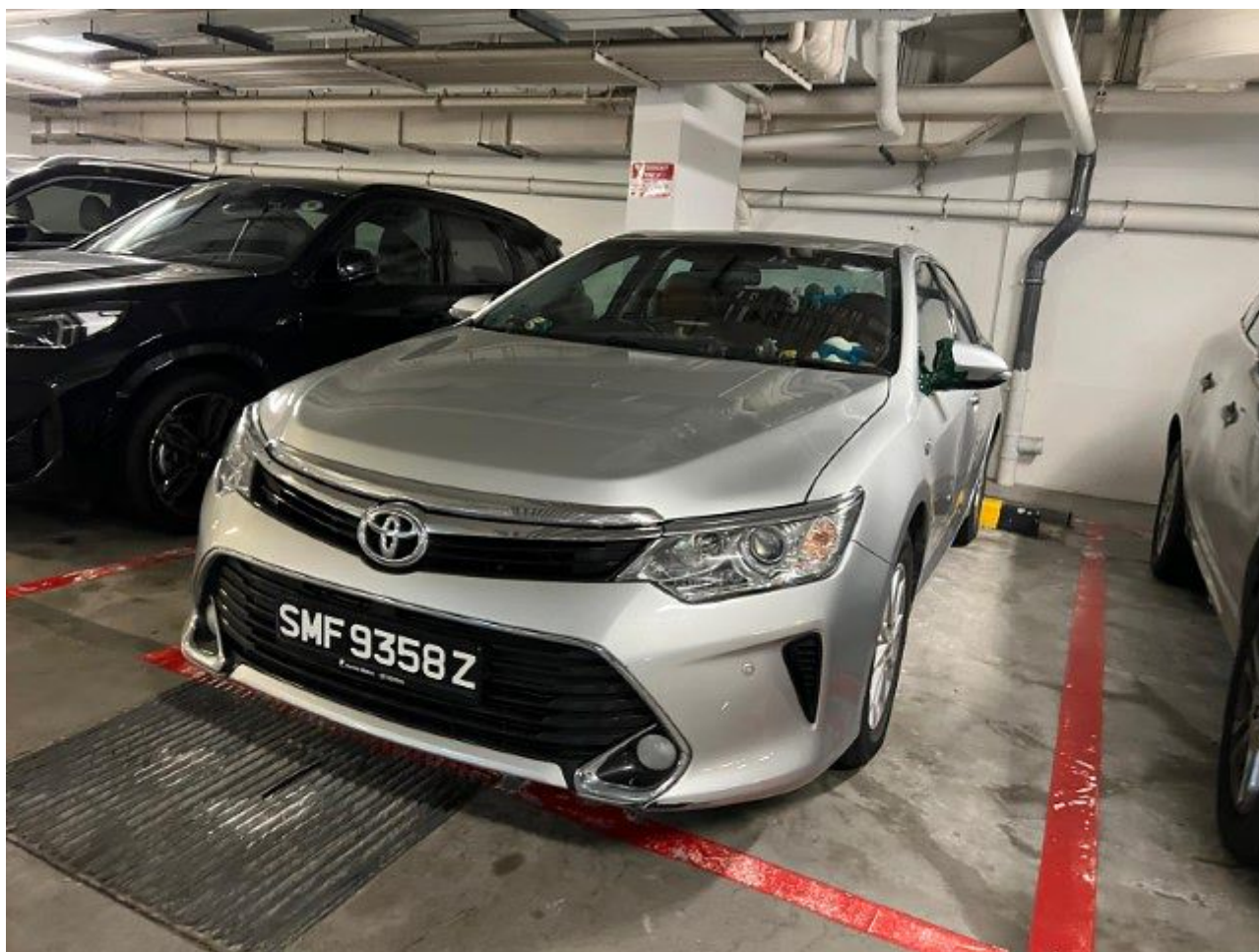
Witnessed by Reporting Centre Personnel



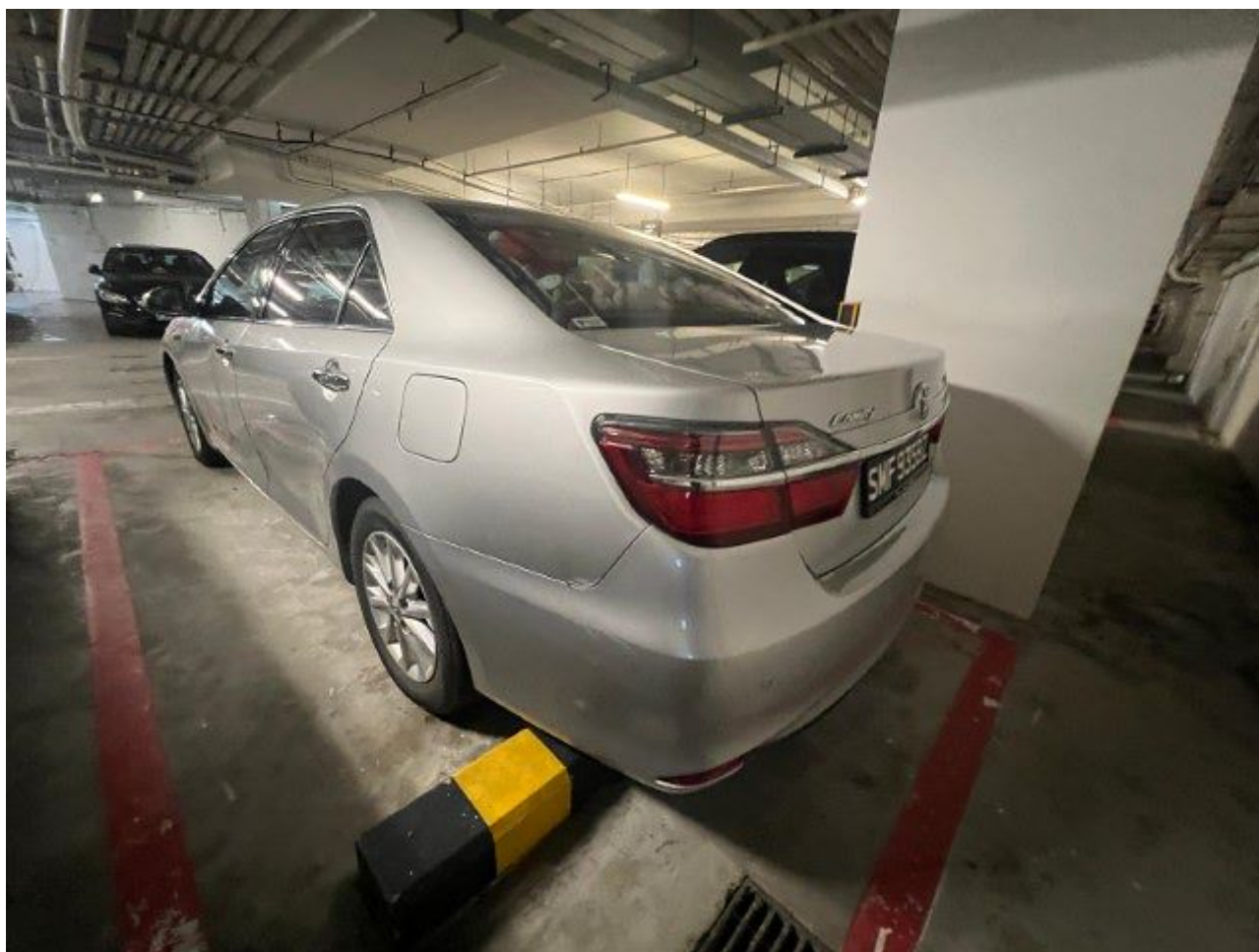




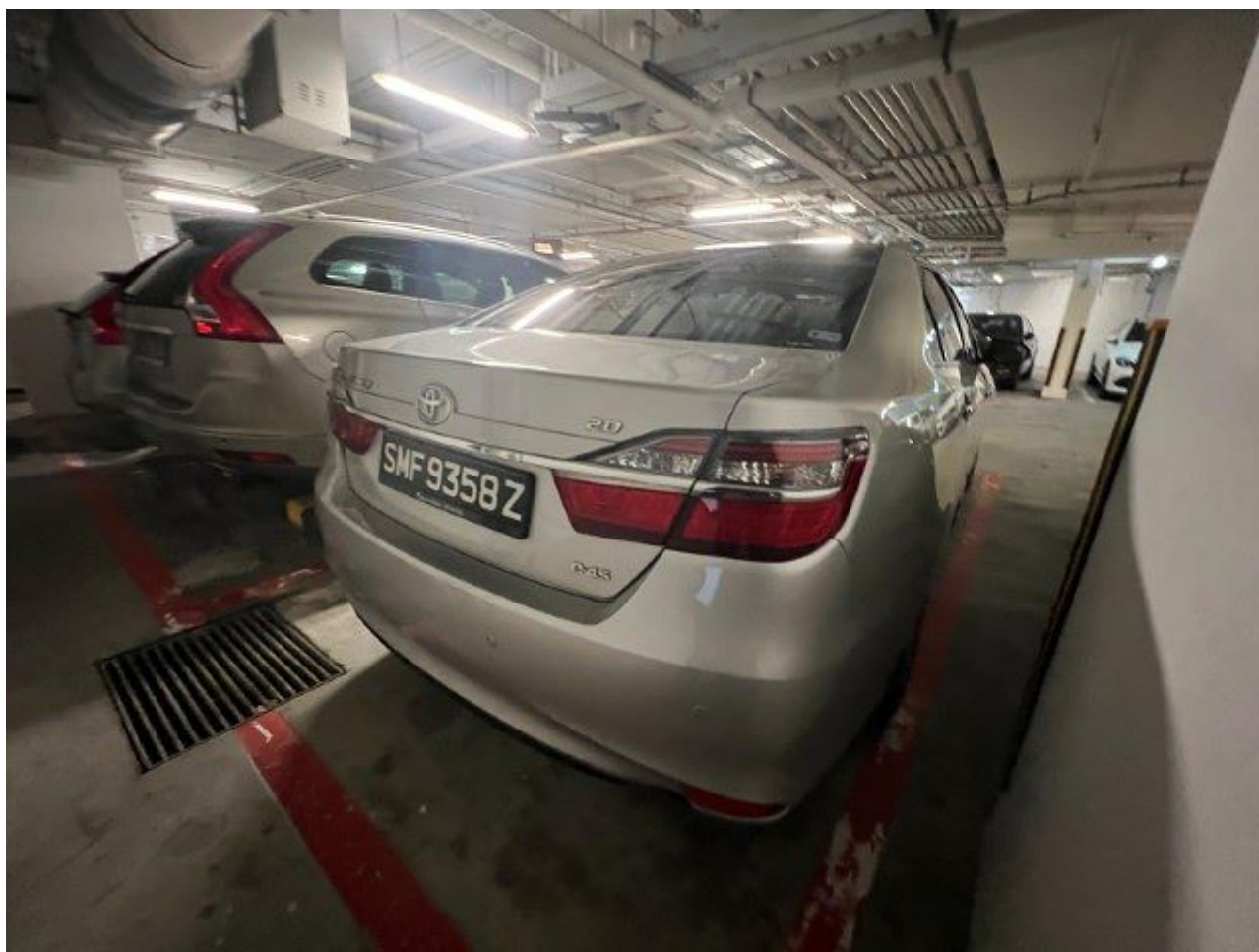


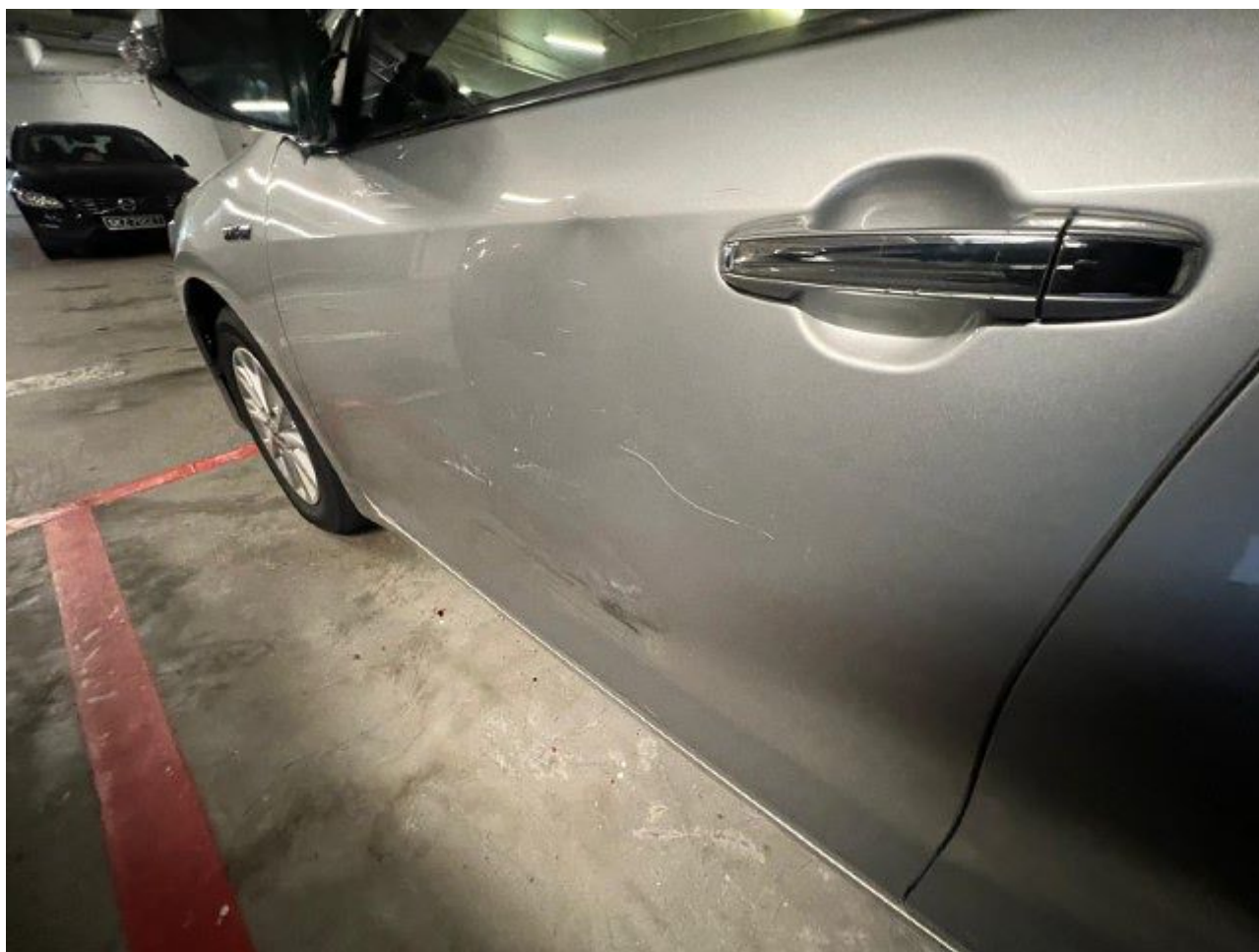














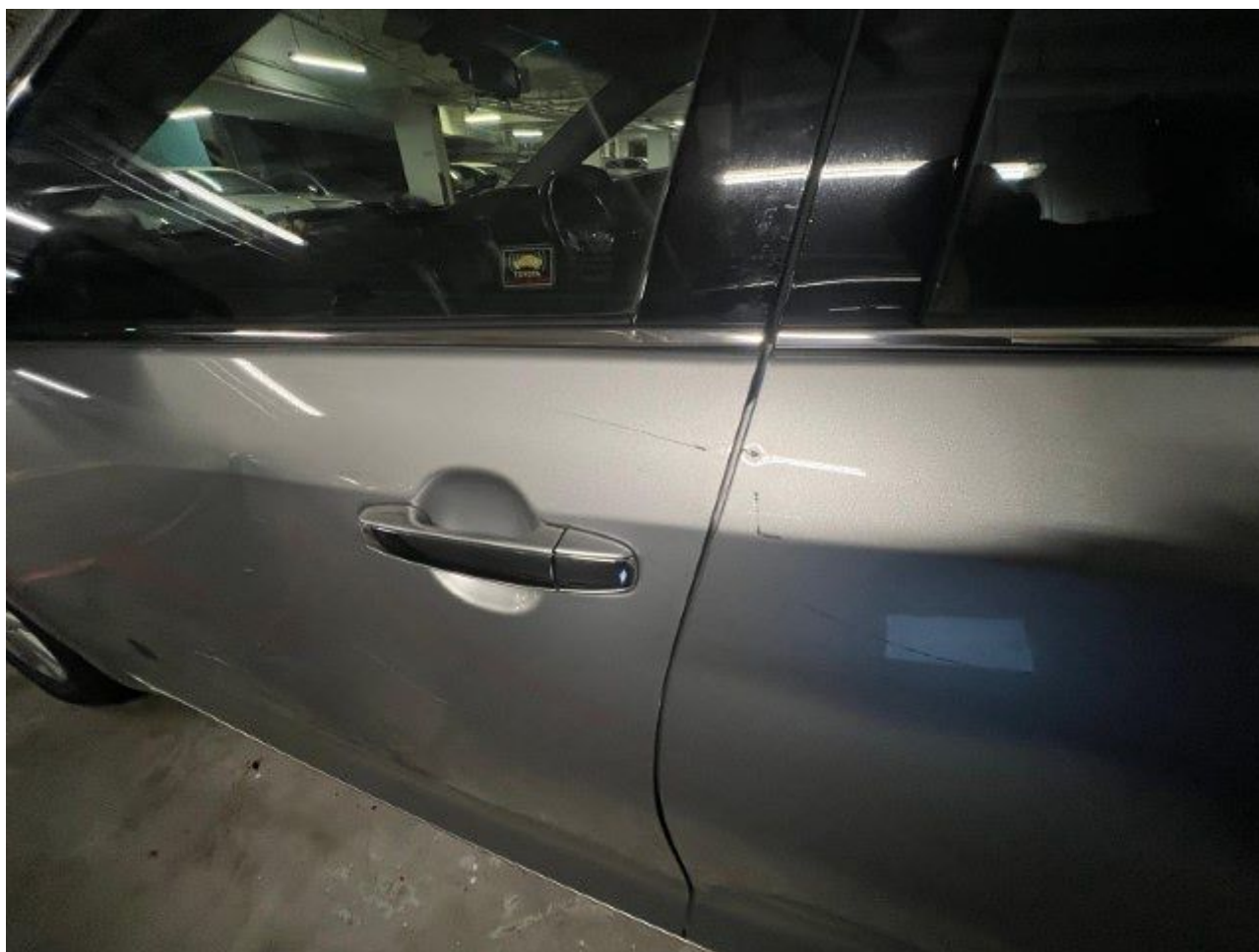














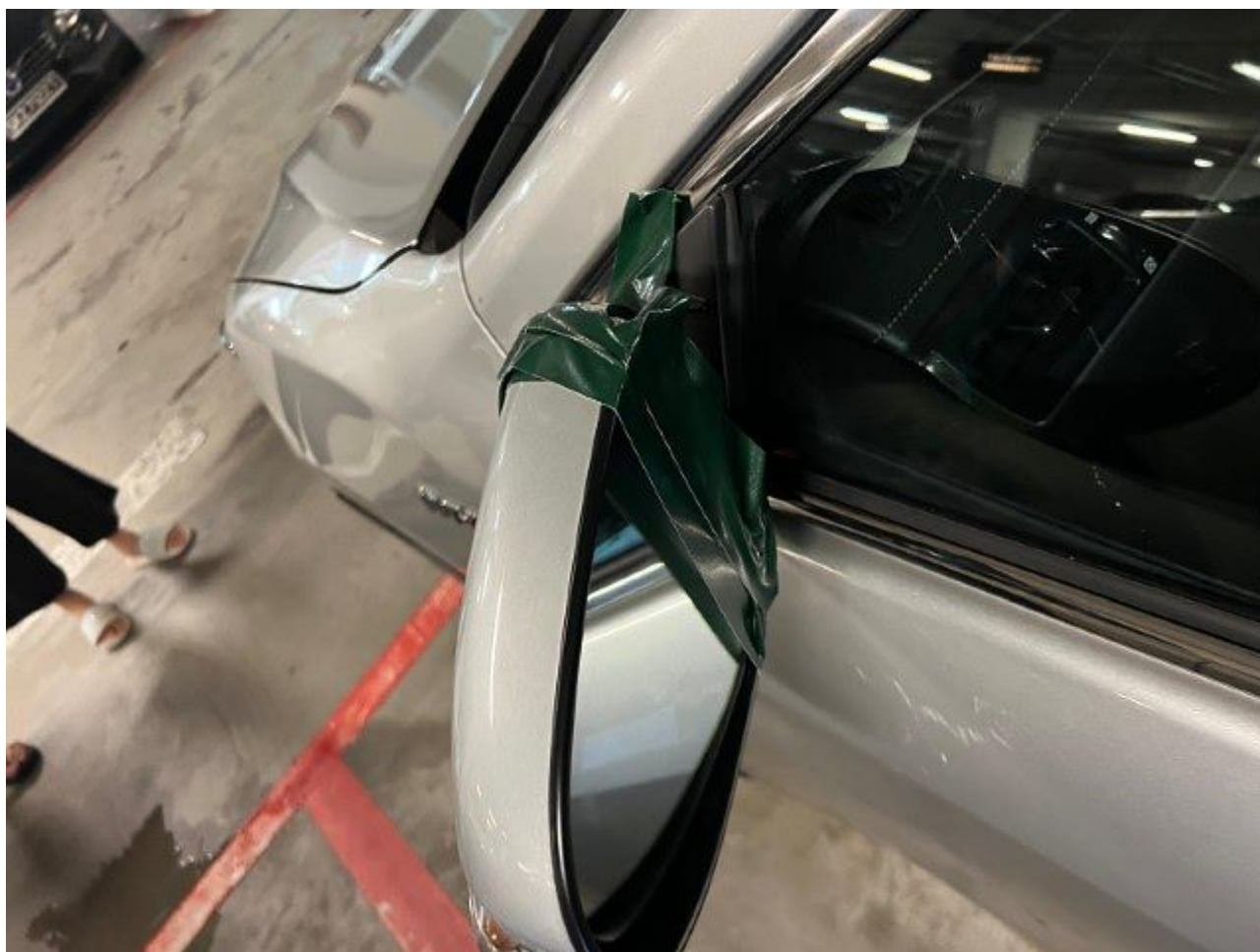


























**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SJ0G24BI000L Vehicle Registration No: SMF9358Z  
 Name (as shown in NRIC): YU HONGHAI NRIC/FIN/Passport No: SXXXX336E  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: \_\_\_\_\_ Singapore ( )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Date of Accident: 16/11/2024 Time of Accident: 20:10  
 Place of Accident: Orchard Rd, Singapore  
 Insurance Company: China Taiping Insurance (Singapore) Pte. Ltd

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

AMEND DRIVER'S RELATIONSHIP

UPDATE HOME ADDRESS

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Policyholder / Driver's Signature  
Date:



navanesh

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date: 28.11.2024



